

AMENDMENT TRANSMITTAL FORM

Customer No.: 23696

**Must Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Attorney Docket No.: 990482
In Re Application of: GARDNER et al.
Serial Number: 09/382,438
Filed: 08/25/1999
Examiner: Daniel J. Ryman
Group Art Unit: 2665

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application. In addition, the following documents are enclosed:

RECEIVED

FEB 11 2004

Technology Center 2600

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 a. ☐ PTO-1449
 b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|------------------------|------------------|----------|
| Total* | 19 | 20 | 0 | x \$18 = | \$0 |
| Independent** | 3 | 3 | 0 | x \$86 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$290 | \$0 |
| EXTENSION FEES | | <input type="checkbox"/> One Month | | \$110 | \$0 |
| | | <input type="checkbox"/> Two Months | | \$420*** | \$0 |
| | | <input type="checkbox"/> Three Months | | \$950 | \$0 |
| INFORMATION DISCLOSURE STATEMENT | | <input type="checkbox"/> After First Office Action | | \$180 | \$0 |
| | | <input type="checkbox"/> After Final Office Action | | \$130 | \$0 |
| TERMINAL DISCLAIMER | | | | \$110 | \$0 |
| *If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. | | | | TOTAL FEE | \$0 |

*If the number in column a is less than 20, enter 0 in column c.

****If the number in column a is less than 3, enter 0 in column c.**

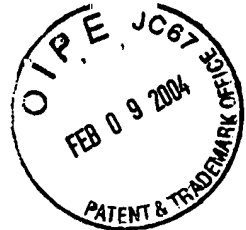
5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 2/6/2004

Signature:

Michael D. Graham, Reg. No. 51,751
(858) 658-5877

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-4125
Facsimile: (858) 658-2502



PATENT 22E
10-12-04
mg

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No.: 09/382,438

GARDNER et al.

Examiner: Daniel J. Ryman

Filed: 08/25/1999

)

)

)

)

)

)

)

)

)

For: METHOD AND APPARATUS
USING A MULTI-CARRIER
FORWARD LINK IN A
WIRELESS COMMUNICATION
SYSTEM

) Group No. 2665

RECEIVED

FEB 11 2004

Technology Center 2600

RESPONSE TO OFFICE ACTION

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 11/07/2003, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to
Mail Stop Non-Fee Amendment
Commissioner for Patents,
P.O. Box 1450
Alexandria, VA 22313-1450

Depositor's Name: Karyn D. Lao
(type or print name)

Date: February 6, 2004

Signature: 

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____